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CONFIRMATION NO. 2523

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|--|---|-------------------------------|---|-------------------------------------|---------------------------------|
| SERIAL NUMBER 10/699,351 | FILING OR 371(c) DATE 10/31/2003 RULE | CLASS 514 | GROUP ART UNIT 1614 | ATTORNEY DOCKET NO. 9129L | |
| APPLICANTS Ronald James Jandacek, Cincinnati, OH; William Randall Francis, Cincinnati, OH; Gary Robert Kelm, Cincinnati, OH; Bryn Hird, Cincinnati, OH; | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/434,156 12/17/2002 SLS | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/02/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> <u>SLS</u> <u>Initials</u> | | STATE OR COUNTRY OH | SHEETS DRAWING 0 | TOTAL CLAIMS 79 | INDEPENDENT CLAIMS 15 |
| ADDRESS 27752 | | | | | |
| TITLE Compositions, methods, and kits useful for the alleviation of gastrointestinal effects | | | | | |
| FILING FEE RECEIVED 2994 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) / <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |